

# STARS

## ADA Admission Information Screen

When Co-Dependent = "No"

1. The **date** will be entered by the provider and **time** can be entered manually as an optional field.
2. When **Co-Dependent** = No, the person is defined as being admitted for treatment of his/her own drug or alcohol problem.
3. The **ROI box** will need to be checked if payment source is either, Title XIX, Contract or State Employee Insurance. The **ROI cannot be unchecked** after any Contract, Title XIX or State Insurance records have been submitted to the Department. To revoke a ROI, the client's source of payment must be either "Self Pay" or "Private Pay"
4. Enter the **ASAM level of Care/Specific Program** other than "0.5-Co-Dependent treatment only" and the **Blue** high lighted required fields will be shown on the screen.
5. Enter actual number in "**# of Days Waiting to Enter Treatment**" field
6. The "**Pregnant**" and "**Due Date**" field will only be enabled for a female client. Enter a tentative date in the following format: **mm/dd/yyyy**.
7. **Source of Payment field** is a more specific breakdown of funding sources required for Federal reporting.
8. When "**Referral**" is "**Court/Criminal Justice Referral**", the "**Detailed Criminal Justice Referral**" field is also required to be completed. **When the client is receiving services as a result of a DWI/DUI, select this category from the drop down list and not an attorney, etc.** In the above example, this field is not required therefore NA
9. The "**Satellite Location**" is for an agency that has more than one location which can identify what location the client is being seen at. This is an optional field.
10. The "**Adult and Adolescent Living Arrangement**" fields will be enabled dependent on the client's birth date listed on the "Client Information Screen". Clients 17 and under are classified as adolescents for reporting purposes.

11. Complete the “**Source of Income**” “**Marital Status**” and “**Veteran Status**” fields from the dropdowns provided on the screen
12. Enter the **last year of education completed** in the “Education Level” field. **GED enter 12**
13. When completing the “**Emp/UnEmp Status**” field and “**Not in Labor Force**” is selected from the dropdown, another response will be required in the “**Not in Labor Force**” Dropdown field. In this dropdown, select the appropriate response that matches the client’s status. The above example does not require this response.
14. In responding to the **Emp/UnEmp Length field**, enter the appropriate length of the client being either **employed** or **unemployed**.
15. Complete the field “Did client attend a self help or support group 30 days prior to admission” by marking either “Yes” or “No” This is a required field in order to save the record.

## MENTAL HEALTH SECTION

**DH94 STARS**

TEST

Actions

- Client Search
- Providers
- Unique ID Mod
- Unique ID Merge
- Transfers(4)
- System Message
- Support Tables
- Utilities
- Reports
- About
- Close

General Info    MH    **ADA I**    ADA II

ADA Adm Info    ADA Trsfr Srv Lvl    ADA Discharge Info    ADA Disch Ltr    DUI

Unique ID: 123401011950MHE    Local ID: 007    First Name: James    MI:    Last Name: Bond

MH: Adm Date:    ADA: Adm Date: 7/1/2008    Provider: Human Services Center Adult Chemical Dependency Tr

**Client's ADA: Admission Record(s) - SAVED**

**Mental Health**

Does client have a psychiatric problem in addition to Gambling or Alcohol or Drug use problem? No

**Psychiatric/Mental Health Problems (Mark all that apply)**

- ☐ Adjustment Disorders
- ☐ Anxiety Disorders (Panic disorder, phobias, obsessive compulsive disorders, post traumatic stress disorders)
- ☐ Attention-deficit and disruptive behavior disorders
- ☐ Bipolar Disorders
- ☐ Dementia
- ☐ Depressive Disorders (Suicidal ideation/attempts)
- ☐ Dissociative Disorders (Amnesia, Depersonalization)
- ☐ Eating Disorders
- ☐ Fetal Alcohol Effects
- ☐ Fetal Alcohol Syndrome Disorder
- ☐ Grief Issues
- ☐ Hyper-Activity Disorder
- ☐ Impulse-Control Disorders (Intermittent Explosive Disorder)
- ☐ Learning Disorders
- ☐ Personality Disorders (Antisocial, Avoidant, Narcissistic, Borderline, Paranoid, Schizoid, Dependent)
- ☐ Physical and/or Emotional Abuse
- ☐ Schizophrenia and Other Psychotic Disorders
- ☐ Sexual Abuse or Sexual Assault
- ☐ Sleep Disorders

If the client is identified with a psychiatric problem in addition to Gambling and Alcohol/Drug and “Yes” is identified in the dropdown, then at least one of the check boxes will need to be marked. In the above example there were no additional problems so the response was “No” and no responses should be marked in the check boxes. Another drop down option is “Unknown” in which no response should be marked in the check boxes as well.

## SUBSTANCE ABUSE INFORMATION

1. Begin by entering the number of prior treatment episodes from the selections listed on the dropdown responses.
2. If the client will be receiving the use of Methadone, LAAM, Buprenorphine or another Opioid replacement therapy as part of the client's treatment, the response should be "Yes" in the "Opioid Replacement Therapy" field.
3. In the "Primary, Secondary, and Tertiary Drug Information" dropdown fields when a response is other than "None" a choice is required other than "Not Applicable" in the fields of "Route", "Frequency", "Age" and "DSM Diagnosis". The Primary drug information needs to be completed prior to completing the Secondary or Tertiary drug information.
4. The Substance Abuse Information area allows for up to 6 DSM diagnosis' to be collected. If a Deferred Diagnosis is selected as the Primary Diagnosis, this will have to be updated to a specific alcohol/drug diagnosis within 30 days from admission. This is necessary for reporting Contract and Non-Contract Units. The DSM fields of four, five and six can be listed in the "Other DSM Diagnosis" fields for agency collection information, but these fields are not required for reporting to the State.
5. **In the case where a client does not have an Alcohol or Drug diagnosis, but rather only a Gambling diagnosis, the Substance Abuse Information Section does not need to be completed.**

## GAMBLING INFORMATION

**MainMenu Frameset - Microsoft Internet Explorer provided by State of South Dakota**

**DH94 STARS**

**Actions**  
[Client Search](#)  
[Providers](#)  
[Unique ID Mod](#)  
[Unique ID Merge](#)  
[Transfers\(4\)](#)  
[System Message](#)  
[Support Tables](#)  
[Utilities](#)  
[Reports](#)  
[About](#)  
[Close](#)

**General Info**   **MH**   **ADA I**   **ADA II**

**ADA Adm Info**   ADA Trsf Srv Lvl   ADA Discharge Info   ADA Disch Ltr   DUI

Unique ID: 123401011950MHE   Local ID: 007   First Name: James   MI:   Last Name: Bond  
 MH: Adm Date:   ADA: Adm Date: 7/1/2008   Provider: Human Services Center Adult Chemical Dependency Tr

**Client's ADA: Admission Record(s) - SAVED**

**Gambling Information**

Gambling Diagnosis: None   # of Prior Gambling Treatment Episodes:     
 Most Amt Ever Won: \$0.00   Most Amt Ever Lost: \$0.00   Current Gambling Related Debt: \$0.00  
 Primary Gaming Type: Not Applicable   Primary Frequency: Not Applicable   Primary Age of First Episode:     
 Secondary Gaming Type: Not Applicable   Secondary Frequency: Not Applicable   Secondary Age of First Episode:     
 Tertiary Gaming Type: Not Applicable   Tertiary Frequency: Not Applicable   Tertiary Age of First Episode:  

**Legal History Information**

Number of Times Arrested 30 Days Prior to Admission: 3   Number of DUIs in the Past 10 Years: 3  
☐ Currently on Parole Status/ Penitentiary Inmate

**Convictions in the past 10 Years:**

|  |  |   |                                      |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Assault                 | <input type="checkbox"/> Disorderly Conduct                  | <input type="checkbox"/> Minor in Consumption   | <input type="checkbox"/> Shoplifting |
| <input type="checkbox"/> Breaking & Entering     | <input type="checkbox"/> Failed UA                           | <input checked="" type="checkbox"/> Petty Theft | <input type="checkbox"/> Truancy     |
| <input checked="" type="checkbox"/> Burglary     | <input type="checkbox"/> Grand Theft                         | <input type="checkbox"/> Possession             | <input type="checkbox"/> Vandalism   |
| <input type="checkbox"/> Chins                   | <input type="checkbox"/> Grand Theft Auto                    | <input type="checkbox"/> Public Intoxication    | <input type="checkbox"/> Other       |
| <input type="checkbox"/> Curfew Violation        | <input type="checkbox"/> Hit and Run                         | <input type="checkbox"/> Robbery                |                                      |
| <input type="checkbox"/> Destruction of Property | <input type="checkbox"/> Ingestion of a controlled substance | <input type="checkbox"/> Runaway                |                                      |

Show History   Print   Pending   Save   Cancel

1. The Gambling Information needs to be completed whenever a client is assessed as having a DSM Pathological Gambling diagnosis. If the client is without this diagnosis, the Gambling Information area does not need to be completed and the fields will be listed as “Not Applicable”.
2. Begin by entering the Gambling Diagnosis and number of treatment episodes in their respective fields.
3. If Pathological Gambling is identified in the Gambling Diagnosis field, which is the above example it did not, then a response is required in the “Most Won”, “Most Lost” “Gambling Debt, Primary Gaming Type, Frequency and Age fields.
4. In regards to Gaming Types, this section will allow up to three different types a client may be involved in, so complete the fields as they are determined to apply.

## LEGAL HISTORY INFORMATION

**General Info**    **MH**    **ADA I**    **ADA II**

ADA Adm Info    ADA Trsfir Srv Lvl    ADA Discharge Info    ADA Disch Ltr    DUI

Unique ID: 123401011950MHE    Local ID: 007    First Name: James    MI:    Last Name: Bond

MH: Adm Date:    ADA: Adm Date: 7/1/2008    Provider: Human Services Center Adult Chemical Dependency Tr

**Client's ADA: Admission Record(s) - SAVED**

**Gambling Information**

Gambling Diagnosis: None    # of Prior Gambling Treatment Episodes:   

Most Amt Ever Won: \$0.00    Most Amt Ever Lost: \$0.00    Current Gambling Related Debt: \$0.00

Primary Gaming Type: Not Applicable    Primary Frequency: Not Applicable    Primary Age of First Episode:   

Secondary Gaming Type: Not Applicable    Secondary Frequency: Not Applicable    Secondary Age of First Episode:   

Tertiary Gaming Type: Not Applicable    Tertiary Frequency: Not Applicable    Tertiary Age of First Episode:   

**Legal History Information**

Number of Times Arrested 30 Days Prior to Admission: 3    Number of DUIs in the Past 10 Years: 3

☐ Currently on Parole Status/ Penitentiary Inmate

**Convictions in the past 10 Years:**

|  |  |   |                                      |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Assault                 | <input type="checkbox"/> Disorderly Conduct                  | <input type="checkbox"/> Minor in Consumption   | <input type="checkbox"/> Shoplifting |
| <input type="checkbox"/> Breaking & Entering     | <input type="checkbox"/> Failed UA                           | <input checked="" type="checkbox"/> Petty Theft | <input type="checkbox"/> Truancy     |
| <input checked="" type="checkbox"/> Burglary     | <input type="checkbox"/> Grand Theft                         | <input type="checkbox"/> Possession             | <input type="checkbox"/> Vandalism   |
| <input type="checkbox"/> Chins                   | <input type="checkbox"/> Grand Theft Auto                    | <input type="checkbox"/> Public Intoxication    | <input type="checkbox"/> Other       |
| <input type="checkbox"/> Curfew Violation        | <input type="checkbox"/> Hit and Run                         | <input type="checkbox"/> Robbery                |                                      |
| <input type="checkbox"/> Destruction of Property | <input type="checkbox"/> Ingestion of a controlled substance | <input type="checkbox"/> Runaway                |                                      |

Show History    Print    Pending    Save    Cancel

1. Complete the Legal History as it applies to the client. The fields of “Number of times arrested 30 days prior to admission” and “Number of DUI in the past 10 years” need to be completed to save the record.
2. If a client is on Parole or a Penitentiary Inmate, mark the box that applies to this status. This box does not pertain to clients who are on Probation status.
3. Enter the number of times the client has been arrested **30 days** prior to admission for treatment.
4. When all information on the ADA Admission Information Screen has been entered correctly, click on the “Save” tab located on the bottom of the screen.
5. The “Print” tab will Print the Admission Information.
6. The “Pending” tab will allow saving a partial Admission record without going through the Edit Checks.
7. Clicking on the “Cancel” tab will take you back to the ADA Client Search Screen.
8. After 90 days from the admission date, changes to the admission record cannot be made by the provider and will require assistance from the division.

